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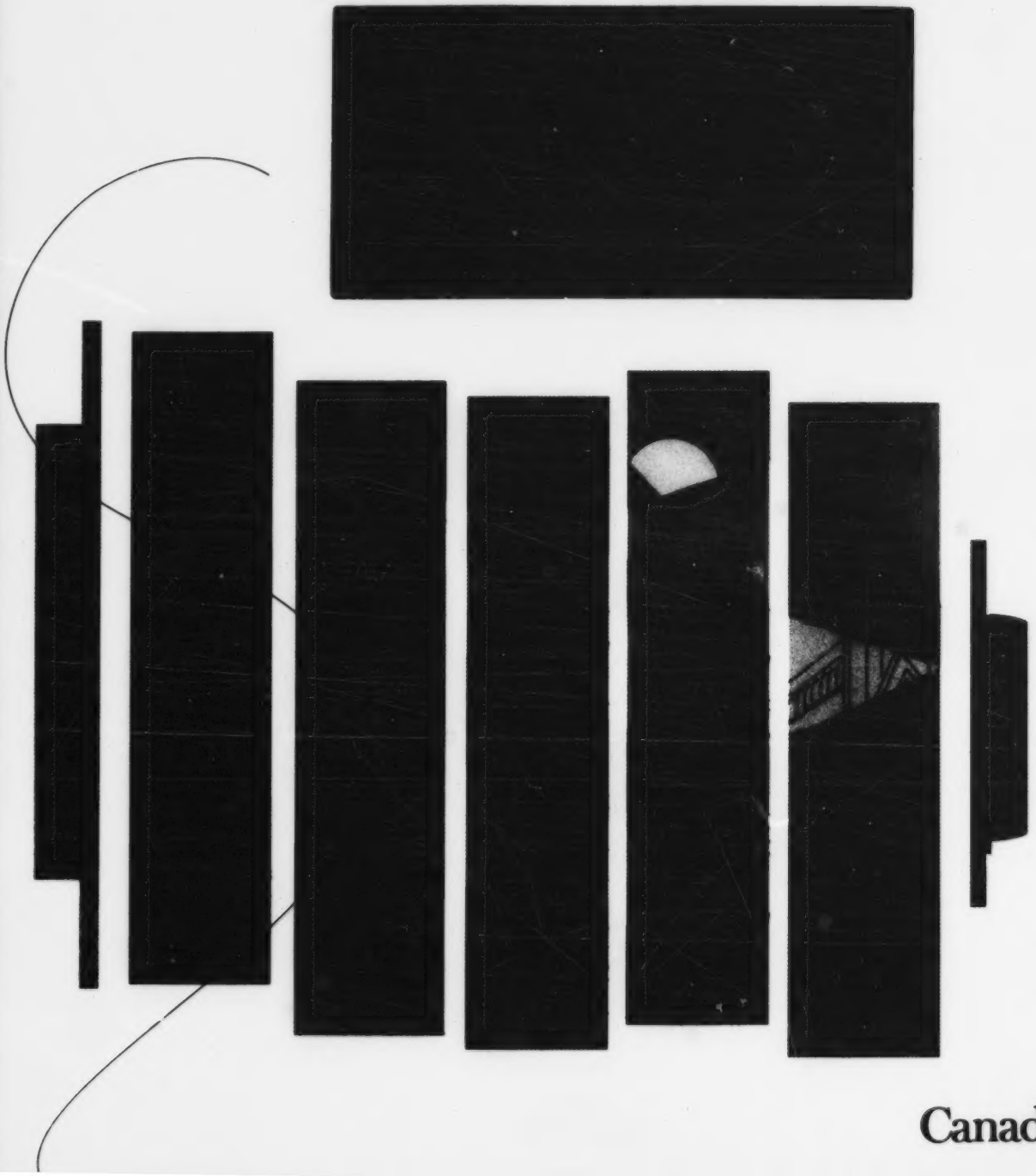

Canada

Research Report

Results of an Evaluation of the Peer Support Program at Grand Valley Institution for Women

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2000 N° R-86

Results of an Evaluation of the Peer Support Program at Grand Valley Institution for Women

by

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May 2000

103-00804/

ACKNOWLEDGMENTS

We would like to thank Dr. Jane Barker, psychologist and Coordinator of the PST program at Grand Valley Institution for Women (GVI), for her support and cooperation with this study. We would also like to thank Kendra Delveaux, our colleague at Correctional Service of Canada's research branch, who helped in the data collection phase of this project. Finally, we thank the staff & offenders at Grand Valley Institution for Women for their willingness to share their views and experiences. Their contribution was essential to the completion of this project.

EXECUTIVE SUMMARY

This report presents results of an evaluation of the Peer Support Team (PST) program at Grand Valley Institution (GVI) for Women. Quantitative and qualitative research methods were used to assess various aspects of the program. In particular, the evaluation was designed to ensure that all parties involved (staff, PST members and non-members) had an opportunity to express their respective views, beliefs, and experiences with the PST. Five broad evaluation issues were queried: 1) Is there a need for the program? 2) Are there adequate resources and support for operation of the program? 3) Are the activities of the program organized in such a way that its goals can be achieved? 4) Is the program effective? and 5) Does the program create any positive or negative unintended effects?

Results revealed a clear need for the program. Offenders and staff at GVI are aware of the program and its services, and the majority confirmed its utility. At the time of data collection, there were 78 women incarcerated at GVI. Approximately half of those women had used PST services at least once, and peer support recipients generally rated the service favorably. Inmates reported feeling better, (e.g., less anxious or less depressed) after receiving peer support. Moreover, a number of very positive impacts were noted for those women emerged in the program, either as trainees or PST members. These included: education, increased empathy for others, conflict mediation skills, enhanced self-confidence and self-esteem, and general personal growth.

Evaluation results demonstrated generally satisfactory resources and support for the program. Notably, it requires very little funding and is managed by the institutional psychologist in conjunction with the inmates themselves. However, data indicated a need for additional mental health staff to help coordinate peer support activities. Most staff and inmates indicated strong support for the PST. Of those (inmates) who did *not* support the program, the two primary reasons were: past breaches of confidentiality by PST members, and the PST has created (or reinforced) an institutional hierarchy, where some (team members) inmates are more highly regarded than others (non-members).

Many respondents suggested that the women who complete the PST training are the *primary* beneficiaries of the program (i.e., rather than the peer support 'recipients'). Indeed, inmates considered the training for team membership "exceptional". It was appraised as: a) providing a knowledge base on a variety of topics to aid in the support of other women, and b) helpful experientially, promoting healing.

While inmates and staff attested to the ability of the PST to effectively provide crisis intervention, their specific examples suggest that peer support more effectively aids in crisis prevention and ramification of crises. Crisis intervention remains the responsibility of professional staff.

Notwithstanding the overall positive evaluation of the Peer Support Team program at GVI, this report concludes with some suggestions for potential program improvement.

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INTRODUCTION

The Peer Support Team (PST) program was first established at the Prison for Women (P4W) in 1990. The program originated from a recommendation by Jan Heney (1990) who noted that offenders at P4W created a support network for each other in times of crisis. Heney recommended that this existing support network be recognized in the form of a legitimate program. As a result, Psychology/Health Services at P4W trained selected offenders to be support counselors. These trained offenders comprised the first Peer Support Team.

A 1990 Task Force on Federally Sentenced Women recommended decentralizing and amending services at P4W (Task Force on Federally Sentenced Women, 1990). Based on these recommendations, four new regional women's facilities[1] and a healing lodge were developed. These facilities now house the majority of federally incarcerated women. Treatment at the four regional women's facilities is based on a program paradigm which emphasizes treatment that is "holistic, woman-centered, culturally sensitive and support[s] the development of ...autonomy and self-esteem" (Correctional Service of Canada, 1992). Evaluation of contemporary programs, such as the peer support program, at the new women's facilities is essential.

Eljdupovic-Guzina & Blanchette (1997) developed an evaluation framework for the Peer Support Team program for women. They based the framework on examination of relevant literature, consultation with advisors from the Women Offender Sector and the Research Branch (National Headquarters, Correctional Service of Canada), and phone interviews with staff, including former staff from P4W and the regional women's facilities. Eljdupovic-Guzina & Blanchette's framework includes a program logic model, an evaluation matrix, methodological issues, and protocols for various proposed assessment instruments.

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[1] Regional Facilities include: Nova Institution (Atlantic), Établissement Joliette (Québec), Grand Valley Institution (Ontario), and Edmonton Institution (Prairies) for Women. Burnaby Correctional Centre (Pacific Region) also houses a proportion of federally sentenced women through the Federal-Provincial Exchange of Services Agreement.

The first regional women's facility to have a fully operational PST program was Edmonton Institution for Women (EIFW)[2]. For this reason, a pilot study that implemented the evaluation framework for the PST program, was conducted at EIFW (Blanchette & Eljdupovic-Guzina, 1998). Both Grand Valley Institution for women (GVI) in the Ontario region and Joliette Institution for women in the Québec region later implemented PST programs in their respective units in 1998. Finally, Nova Institution for women in the Atlantic region developed a PST program in 1999. Separate evaluations of the PST program in each of these facilities were conducted.

This report provides a summary of findings from the evaluation of the PST program at Grand Valley Institution for Women. This document is organized into three major parts: method, results, and conclusions. The method section discusses the instruments and procedures and describes the sample achieved for the evaluation. The results section summarizes findings obtained through both quantitative and qualitative data analyses. Finally, the conclusions outline some of the study limitations and offer recommendations for potential improvement of the PST program at GVI.

[2] The Atlantic region (Nova Institution) was running a modified version of the PST program, called 'peer assistance' or 'peer mentoring'. For more information, see Eljdupovic-Guzina & Blanchette (1997).

METHODOLOGY

Evaluation Framework

The pilot study of the Peer Support Team program at EIFW (Blanchette & Eljdupovic-Guzina, 1998) followed the framework outlined by Eljdupovic-Guzina and Blanchette (1997). This methodology was found to be beneficial in the pilot study at EIFW and was therefore, also applied to the current evaluation of the peer support program at GVI. Any modifications to the framework suggested in the pilot study are noted in the present evaluation report. The framework incorporates three evaluation options (basic, moderate, and comprehensive). The comprehensive option was selected for both the pilot study at EIFW and the current investigation as it provides a thorough, in-depth evaluation of all aspects of the peer support program from a variety of perspectives within the institution. The comprehensive approach considered the perspectives of everyone at the institution (PST members, other offenders, and staff) in that it provided all parties were provided with an opportunity to express personal insights and feelings about the program. The evaluation also incorporated a variety of techniques of measurement including: documentation review, surveys, face-to-face interviews with offenders and staff, measures of self-esteem, group dynamic, and offenders' perception of their correctional environment.

Instruments

Rosenberg's Self-esteem Scale

This measure (Appendix A) assesses personal judgment of one's own worth (Rosenberg, 1965). Rosenberg's Self-esteem Scale is predictive of behaviour across a range of situations and provides a global measure of self-esteem (O'Brien, 1985). The scale has ten items. Each item is rated on a four point likert scale with ratings ranging from strongly agree to strongly disagree. The scale was administered pre- and post-program implementation to offenders, including PST trainees/ team members. Pre and post data provides a general overview of inmates' self-esteem at GVI before and after implementation of the PST program.

Sociometric Tests

Personal and group dynamics are illustrated in Sociometric Tests (Northway & Weld, 1957). The sociometric test for this evaluation (Appendix B) differed from that used in the pilot study at EIFW as it asked offenders to rank order three people who they like to spend their free time with rather than asking them who they go to for moral support. The first and second choice responses indicated on the test were represented graphically in a sociogram (see results section). The sociogram illustrates group structure, popularity of particular individuals (e.g. PST members), presence of 'cliques' within the offender population, and/or interactions among PST members and staff.

The sociometric test was administered both pre- and post-program implementation to monitor changes in group structure associated with implementation of the PST program.

The Correctional Environment Status Inventory

The Correctional Environment Status Inventory (CESI; Wolfus & Stasiak, 1996; see Appendix C) measures "...offender perceptions of the quality of environments in correctional facilities" (p.2). It consists of six scales, identified through factor analysis: 1) Staff Cohesion, 2) Staff Involvement, 3) Staff Treatment Focus, 4) Clarity and Organization, 5) Offender Relationships, and 6) Offender Treatment Orientation. Four of the six scales are composed of subscales. The Offender Relationships scale is made up of three subscales: Mutual Caring, Peer Support, and Absence of Hostility. The Staff Involvement scale includes Responsiveness, Caring, and Interest in Offenders subscales. The Staff Treatment Focus scale includes Encouragement and Open Communication subscales. Finally, the Offender Treatment Orientation includes Problem Solving and Change Orientation subscales.

Administering the CESI both pre- and post- program provided a potential measure of change in the correctional environment associated with the implementation of the Peer Support program. The measure was administered to all offenders willing to respond. The inmates' perspective of the climate at GVI was measured by the constructs subsumed in the subscales (relationships between offenders and staff, relationships among offenders, peer support, treatment orientation).

Staff and Offender Surveys

The staff and offender surveys (Appendix D) assesses awareness of the PST program at GVI as well as respondents perspectives on the role and function of the program.

Staff and Offender Interviews

Interviews with both staff and offenders were a principal source of data (Appendix F). The interviews were semi-structured to provided respondents with an opportunity to express their own views, feelings, and ideas about PST without the restriction of a rigid interview protocol.

Procedure

GVI's psychologist, the Coordinator of the PST program, assisted with the data collection for this evaluation. Copies of the pre test measures (n = 30 each) of the Sociometric test, Rosenberg's self-esteem scale, and the Correctional Environment Status Inventory were sent to the program Coordinator in the winter of 1997, before the training of the first set of PST members had been completed. Instructions were included with the measures indicating that any offenders at the institution who were willing to complete the measures may do so. The Sociometric test required the respondents to identify themselves while the other measures did not. Therefore, respondents were provided with an envelope in which they could place any measures that may identify them to ensure their confidentiality.

The PST training was complete and the program was running at GVI by early summer 1998. The post measures including, 30 staff surveys, 40 Sociometric tests, 40 Self-esteem scales, 40 Correctional Environment Status Inventories, and 40 offender surveys were then forwarded to the Peer Support program coordinator. Offenders and staff completed the post test measures by January 1999. Survey respondents who were willing to participate in a more in-depth interview discussing their perceptions of PST were asked to indicate this on the last page of the survey (see Appendix D).

Although a number of staff members (11) agreed to be interviewed, very few offenders (3) who responded to the survey agreed to participate in an interview. Therefore, offenders who did not respond to the survey were recruited to participate in interviews when the investigators arrived at GVI. In addition to this, investigators distributed post test measures (CESI, Rosenberg's Self Esteem Inventory, Sociometric measure, and staff/offender surveys) while conducting interviews at GVI to increase the consent rate.

The initial framework for evaluation of the PST outlines a semi-structured interview with the PST program coordinator, PST members and recipients of peer support (Eljdupovic-Guzina & Blanchette, 1997). The pilot study at EFIW expanded this framework to include interviews with non-recipients of PST. This evaluation further expanded the original framework to include interview protocols for all offenders (PST members, recipients of PST, non-recipients of PST, those who were not aware of the PST program, and those who were interested in becoming a PST member but were denied training). It was believed that all offenders would have valuable insight into the PST program. For example, non-recipient offenders could give insight into why they did *not* use the service.

The semi-structured interviews took place in private locations at GVI. Signed informed consent was obtained prior to all offender interviews.

Sample

Sample sizes varied by measure for both offenders and staff. For example, some offenders declined interviews, other offenders responded to one or more of the measures (survey, self-esteem measure, sociometric test, CESI), and still others participated in the interview only. Similarly, some staff members contributed both survey and interview data, while others provided information for only one measure.

There were approximately 78 women incarcerated at GVI at the time data was collected. The population included five PST members, the first PST team at GVI. GVI is a federal facility and, at the time of data collection, the inmates were at 'minimum' and 'medium' security levels. All are serving sentences of a minimum of 2 years.

There were a total of 16 respondents to the offender survey. Thirty-three pre and 14 post inmates responded to the Correctional Environment Status Inventory. Twenty-three pre and 15 post self-esteem scales and 16 pre sociometric tests were completed. No post sociometric tests were completed and researchers felt that perhaps it was because respondents were not clearly informed that they were to complete this test even if they had completed the pre sociometric test. The staff surveys were completed by 18 employees from various professions (primary workers, team leaders, nurse, teacher, chaplain, and others).

As only 3 of the 16 offenders who responded to the survey provided their name for consent to be interviewed, offenders who had not responded to the survey were recruited for interviews upon the investigators' arrival to GVI. Offenders were informed that participation in the interview was voluntary, and could be terminated (by them) at any time. Informed consent was obtained before the interview and the respondent's anonymity was ensured.

A total of 21 interviews with offenders were conducted. Offenders who responded to interviews included: 4 PST members, 7 peer support recipients, 9 non-recipients, and 1 offender that was not familiar with the PST program. Interview protocols served as loose guidelines for the semi-structured interviews. In some cases two interview protocols applied to an offender. For example, if PST members had also been recipients of peer support in the past they would be questioned regarding both their experiences as PST members *and* as recipients.

The 12 employees interviewed came from a variety of professions within GVI, including: warden, deputy warden, psychologist (PST coordinator), psychologist's assistant, substance abuse counselor, clerk, chief of procurement and supply, two team leaders, team leader's assistant, and two primary workers. This provided a range of employee perspectives regarding the PST.

Although cross-gender staffing is mandated at the new women's facilities, an exclusion order is in effect at EIFW. As such, all interviewees for the pilot study were women. Unlike the pilot study at EIFW, we had the opportunity to include male staff in the sample of the PST evaluation at GVI.

RESULTS

Rosenberg's Self-esteem Scale

Twenty-three offenders completed the self-esteem measure prior to the implementation of the PST program (pre). Fifteen offenders completed the self-esteem measure after program implementation (post). Although some of the same offenders who completed the pre test may have also completed the post test, it was not possible to identify respondents who had completed both measures because names were excluded from tests in order to maintain confidentiality. As the post measures were appended to the survey, it was possible to determine that two of the respondents of the post measure were PST members. Each item on the scale was scored within a range of 1 (strongly agree) to 4 (strongly disagree). Some items (2,5,6,8, and 9) were reverse scored such that "strongly agree" was given a score of 4, and "strongly disagree" was given a score of 1. Lower scores on the scale suggest higher self-esteem.

As only two of the respondents of the self-esteem measure were PST members, analyses assessing possible differences between PST members and non-members could not be conducted. Therefore, the data from the two PST members were included with that of non-members.

Scores on the scale ranged from 10 to 40. The two team members who responded to the measure fell into this range with total scores of 20 and 21. The average total pre test score for the participants in this sample was 15.57 (SD = 6.02 range=10 to 32) and the average total post test score was 18.8 (SD = 6.75 range=10 to 33). There was no significant difference between the pre and post scores on self-esteem.

Sociometric Test

As indicated in the pilot study, it was expected that informing respondents that the Sociometric test was related to an evaluation of the PST program may create a 'priming' effect for respondents causing them to refer to PST members in their

responses (Blanchette & Eljdupovic-Guzina, 1998). Therefore, respondents were not informed of the nature of the study related to the test.

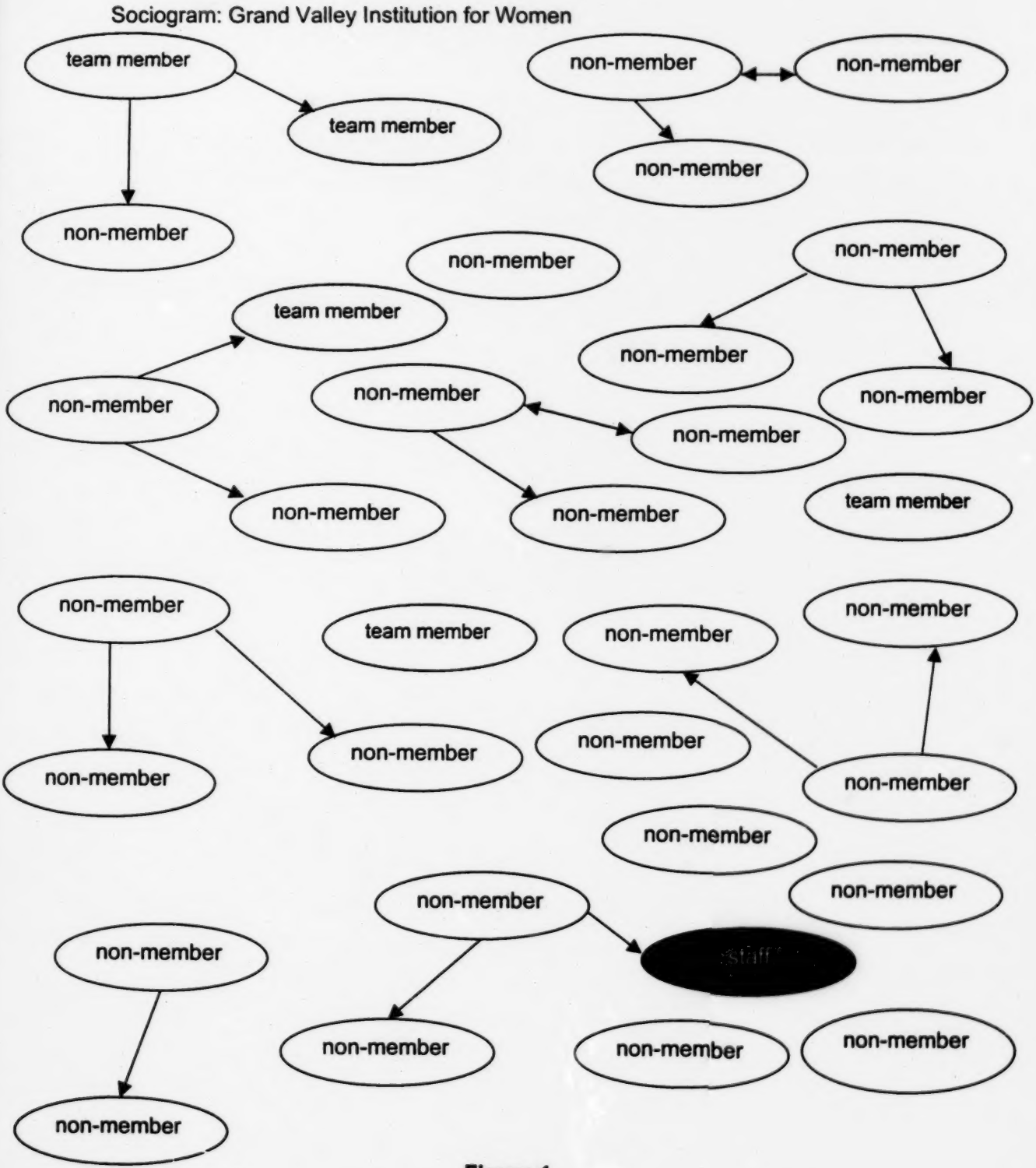
Sixteen offenders (one PST member and 15 non-members) responded to the (pre) sociometric test before the implementation of the PST program at GVI. None responded to the sociometric test after implementation of the program. This limited the current evaluation as it prevented comparison of group dynamics of the offender population at GVI before and after the implementation of the PST program.

Ten of the 16 offenders who responded to the sociometric identified at least two individuals with whom they spend their free time. Two of the 16 offenders indicated they could not visit because they were in segregation, two offenders said they spent their free time alone, and two offenders did not specify names of individuals they spent their free time with. Results of the sociometric test are illustrated in the sociogram (Figure 1) on the following page

Some respondents identified non-respondents or staff as preferred companions during their free time. Therefore, the pictorial representation in Figure 1 includes staff and 31 offenders. It was considered important to include all PST members in the chart regardless of whether or not they responded to the sociometric test.

Only one-third of the offender population responded to the sociometric test. Some interesting findings are noted in Figure 1. First, only two of the five PST members were chosen by co-offenders as a first or second choice to spend their free time with. One of the PST members was selected as a choice of another PST member. Only two reciprocal relationships were indicated between non-PST members. Finally, only one offender indicated that she spent her free time with staff.

It is important to note that a social desirability confound might have influenced results of the sociometric test. This refers to when study participants respond in a manner that they feel will please the researchers. It is also important to note that the group dynamics at the institution may have changed after the implementation of the PST program. Unfortunately, it is not possible to assess this due to the lack of response to the post program sociometric test.


Sociogram: Grand Valley Institution for Women
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The Correctional Environment Status Inventory

The CESI was administered twice, both pre and post implementation of the PST program at GVI. Thirty-three offenders completed the pre CESI while 14 offenders completed the post CESI. (A few respondents were missing data for some subscales. Therefore, sample sizes vary by scale and subscale).

Certain items (1,3,8,19,25,48,56,60,61,and 64) of the CESI were reverse-scored. Subscale scores were then calculated. After reverse scoring, higher scores on all items and scales indicate more positive perceptions of the correctional environment than lower scores.

Pre test and post test mean scores for all scales and subscales are shown in Table 1. Higher scores indicate a more positive perception of the correctional environment. Therefore the subscales, 'hostility' and 'disinterest' (see Appendix E), are renamed 'absence of hostility' and 'interest', respectfully.

Only one significant difference was found between pre test and post test scores. The mean post test score for the 'Mutual Caring' subscale was significantly higher than the mean pre test score. This indicates that mutual caring may was enhanced at GVI after the implementation of the PST program.

Table 1: Mean CESI Scale and Subscale Scores: Distribution by Pre and Post

Scale / Subscale	Pre (n = 23)	Post (n = 12)
Staff Involvement	2.8	2.9
Responsive	2.5	2.7
Caring	3.0	3.0
Interest	3.0	3.1
Staff Treatment Focus	2.9	3.0
Encouragement	3.0	3.3
Open Communication	2.7	2.7
Staff Cohesion	3.7	3.7
Clarity & Organization	3.2	3.1
Offender Treatment	4.2	4.0
Orientation		
Problem Solving	4.5	4.6
Change Orientation	3.7	3.6
Offender Relationships	2.9	3.1
Mutual Caring	3.2	3.3
Peer Support	2.8	2.9
Absence of Hostility	2.6	2.6

Offender Surveys

Sixteen offenders responded to the surveys. Respondents include 2 PST members and 14 non-members. Half of the respondents were recipients of peer support services. On average respondents were 34.48 years old (SD=9.07; range=21 to 58). Respondents' average sentence length (excluding lifers) was 4.39 years (range = 2 to 15 years). Respondents had served an average of 2.22 years (SD = 3.65) incarcerated, with a range of approximately one month to 3.4 years. As GVI is a relatively new facility, the mean time served at GVI alone was approximately nine months (SD=0.62; range=2 weeks to 2 years).

Although the majority of women were aware of the PST program, 19% (3/16) of the respondents were not aware of the program and the possibility of receiving support counseling from their peers. It was necessary to omit the three offenders who were not aware of PST services from a number of analyses within the survey as these analyses assumed prior knowledge of the PST program.

The women at GVI learned about the PST service from posted notices (n = 5), co-offenders (n = 3), PST members (n= 4), and other means (n= 3). The 'other' means mentioned included learning about the PST service from the warden, correctional officers and other staff members. Respondents often indicated learning about the service in more than one of the ways mentioned above. Three of the 13 women who were aware of the PST service did not know the names of the team members. Furthermore, only 6 of the 13 women (38%) who were aware of peer counseling knew how to request it.

Of the 13 women who were aware of the PST program, 7 (54%) reported that they had used the service at least once. Recipients used the PST service anywhere from once (n = 4), twice to five times (n = 2), to more than five times (n = 1). Of the 7 women who reported receiving peer support at least once, 3 reported receiving informal counseling only and 3 reported receiving both formal and informal counseling. One respondent did not indicate the type of counseling she received.

Of the 16 survey respondents, 3 were not aware of the PST program and an additional 6 that were aware of the program, failed to use it. Therefore, less than half the women surveyed (44%) had ever used the PST service. Of the 13 women who were aware of the PST program, the most common explanation for *not* using the service was not feeling the need for peer support (n = 6). Some of the inmates did not use the service because they were concerned that what they said to a PST member would not be kept confidential (n=4). Some of them did not request counseling because they did not feel comfortable with any of the PST members (n=2) or were concerned about what other people would think about them using the service (n = 2). Two of the women indicated that they would be more comfortable requesting peer support if they were acquainted with the team members. Another two reported not using the service because they were team members. This finding suggests a need to explain to team members that caregivers can also be recipients of care and that it is, therefore, both normal and healthy for team members to request occasional support from their peers.

The recipients of peer support cited different reasons for using the service. They reported requesting peer support when they were upset/angry (n = 5), a psychologist was not available (n = 2), they had an argument with another inmate (n=1), or they were depressed (n=1). One woman reported using the service for 'other' reasons. Although the survey provided the option for women to indicate if they had used PST services to cope with arguments with staff, or when they felt lonely, self-injurious or suicidal, none of the respondents reported using PST for those purposes.

The 7 recipients of PST services reported that they found it very helpful. On a scale from 1 (not helpful at all) to 10 (extremely helpful), scores ranged from 5 to 10, with an average score of 8. Respondents were provided with an open-ended, short answer question that gave them an opportunity to explain how the PST did or did not meet their expectations. All responses indicated that offenders' expectations about the PST experience were met. Respondents offered numerous positive reactions to their experiences with PST. The open-ended responses included: " It felt better to be able to vent to someone, knowing there is someone listening", "I was able to express my feelings without any personal judgement from the PST member", "[The PST session] made me see things in a different way and encouraged me", "[The PST member] was very open and understanding", and "I had someone to talk to".

Recipients of peer support indicated that they were satisfied with the promptness of the service. On a scale of 1 (not at all satisfied) to 10 (entirely satisfied), recipients of PST indicated ratings ranging from 6 to 10 with an average rating of 8.4.

Only 2 of the 7 recipients of peer support reported that they had been excused from other duties to receive peer counseling. It is important to note that it in most cases it may not have been necessary for the peer support recipient to be excused from other duties to receive counseling. For example, one recipient indicated that she didn't have to be excused from other duties to receive counseling because she was in segregation.

Of the 13 respondents who were aware of the PST services, only 3 reported that the atmosphere at GVI had changed as a result of the PST program. Only one of these 3 respondents used the PST service. Two women reported a negative change in

atmosphere. One of these women reported that staff showed favoritism to PST members. The other woman reported that the PST service promoted gossips and slander about the offenders who received PST. One woman reported a positive change in the atmosphere at GVI where the PST members were respected by staff and were often requested to provide counseling.

The majority (12/13) of respondents reported that the PST was never used for alternative purposes. The person that claimed PST was used for other purposes reported that it was used as a means for PST members to chat with friends.

In summary, results of the offender survey suggest the inmates at GVI are generally supportive of the PST program. Despite this, however, less than half the women surveyed have ever received peer counseling. Those who had received counseling rated their experiences with the service favourably. It is important to note that many of the women did not know how to request peer counseling and a few of the women were unaware of the program. The PST program does not seem to have had much affect on the atmosphere at GVI and does not seem to be used for alternative purposes.

Staff Survey

Eighteen employees responded to the staff survey, including primary workers (6), nurse (1), teacher (1), chaplain (1), team leader (1), and staff who's position was unknown (8). The respondents' average length of service in their current position at GVI was 1.1 years. The average length of time they had worked with women offenders was 2.4 years, with a range of 8 months to 7 years.

Only one staff member was unaware of the PST program. The staff reported obtaining information about the PST program in a variety of ways including: the psychologist telling them (6), reading posted notices (1), or other ways (12). The vast majority of staff (17/18) reported that they could identify the PST members and that they knew how to proceed if they received a request for peer support.

When asked about the effectiveness of peer support in influencing individual offender's crises and institutional crises on a scale of 1 (not helpful at all) to 10 (very

helpful), respondents indicated mean scores of 8.8 and 8.4 respectively with ranges of 7 to 10 and 6 to 10.

Ten of the 18 staff members surveyed indicated that there was a favourable change in the atmosphere at GVI as a result of the implementation of the PST program. Three of the 10 employees reported better staff/inmate relations. One reported better inmate coping skills, one reported a more supportive environment and one reported 'other' changes.

Staff indicated the level of trust they have for PST members on a scale of 1(no trust) to 10 (complete trust), with scores ranging from 1 to 10 and a mean of 6.8. All but two respondents agreed that their level of trust varied for different team members.

The majority (75%) of the staff survey respondents reported that PST members had changed positively since their admission to the program. The most commonly cited change was better coping skills (n = 5) followed by higher self-esteem (n = 2) and other changes (n= 4).

In an assessment of whether or not the PST program reinforces the effects of other institutional interventions on a scale of 1 (not at all) to 10 (a great deal), staff responded with a mean of 6.8 for PST members and a mean of 6.4 for non-members.

Only two staff members reported that PST created a crisis greater than the original one. One of these respondents cited that the PST recipient's confidentiality was breached when a team member revealed personal information about the recipient to the offender population. The other respondent claimed the PST service was used in a manipulative manner by a team member for personal gain.

The majority of staff reported that PST had been used for alternative purposes. They reported it was used for visiting (n = 5), or passing contraband (n = 5). Many respondents reported both visiting and passing contraband as alternative uses for the PST.

An overview of the results of the staff survey suggests that staff members are aware of the PST program and generally view the program favourably. However, unlike the results of the inmate survey, results of the staff survey indicate that the PST is sometimes used for alternative purposes.

Staff and Offender Interviews

We conducted 12 staff interviews at GVI with the warden, deputy warden, program coordinator/psychologist, clerks, program providers, and team leaders. We conducted 21 offender interviews with 4 team members, 7 recipients, 9 non-recipients and one offender that was unaware of the PST program. Both staff and offender interviews were significant sources of information about the PST program at GVI. They provided important information in answering the evaluation questions outlined in the framework (Eljdupovic-Guzina & Blanchette, 1997, p.47-50). Staff and offender interviews provided the entire facility population with an opportunity to openly express their view of the PST program. The interviews also provided information that clarified and elaborated on the results of other measures used in the study (sociogram, CESI, staff/offender surveys, self-esteem scale).

Results of the staff and offender interviews will be summarized according to the evaluation questions and issues outlined in the framework (Eljdupovic-Guzina & Blanchette, 1997). The major evaluation issues precede three broad evaluation questions that researchers considered relevant to the current investigation.

Evaluation Issues and Questions:

1. Program Rationale: Is there a need for the program?

1.1 Are the program's activities and outputs linked to achieving its effects in a valid and logical way?

In the pilot study of the Peer Support Team program at EIFW it was noted that PST-related activities appeared both valid and logical to the achievement of the program's goals (Blanchette & Eljdupovic-Guzina, 1998).

It is important to assess both the immediate and long term impacts of the PST program. The program logic model (Eljdupovic-Guzina & Blanchette, 1997, p.23) indicates several products related to the PST program. Immediate products include formal and informal counseling for crisis intervention. The long term effects include efficient management of the facility and empowerment for the women involved in the program.

One staff member at GVI expressed the logic of the program: "Out in the real world we rely on each other so inmates need to do this on the inside."

1.2 Does the program have its own place and function at the facility?

Literature supports the justification for the implementation of the Peer Support Team program at GVI. The Mental Health Strategy for Women Offenders indicates that the PST has a place on the Women's Mental Health Continuum of Care (Laishes, 1997). The program focuses on access, women-centredness, and client participation. These are key principles in this strategy. As stated in the pilot study of the peer support program at EIFW, both staff and offender interviews are based on offenders' experiences with providing support for each other. In general, both staff and offenders at GVI recognized the uniqueness of the PST program at the facility.

The majority of staff interviewed were aware of the PST service at GVI. However, half of the staff interviewed indicated they felt there was a need for more staff awareness of the PST service. All but one of the inmates interviewed was aware of the PST

service. However, a few inmates claimed that information about the PST program should be better communicated to inmates upon their arrival at GVI. These inmates claimed that they did not find out about the PST program the first few days they were at GVI. One inmate indicated peer support would have been very helpful in helping her adjust to a new environment when she first came to GVI. Furthermore, some staff members and inmates indicated that the role of the PST program within the institution needed to be further defined. For example, one inmate indicated she was unaware of whether PST members had the authority to make decisions like moving a woman from one house to another.

Results of surveys and interviews indicated that both staff and inmates perceived several benefits of the PST program for both parties. These benefits will be discussed further in the answers to the specific evaluation questions.

1.3 Does the PST program serve the targeted population?

Results of surveys and interviews indicate the PST program serves the targeted population. Approximately half of the offenders surveyed who were aware of the PST program had used the service on at least one occasion. Those who had used the service were generally satisfied with it. Results of the inmate interviews reveal a variety of reasons recipients used the service. Some of these include dealing with conflict with other inmates, feeling depressed or confused, venting emotions, dealing with personal/family issues and dealing with issues in the correctional system like parole and court hearings. Some of the team members at GVI claimed that PST use tended to increase at certain times of year. One inmate described PST usage as "coming in fits." She indicated that peer support usage increases on family day, before and after parole hearings, and after private family visits.

The PST program also serves its targeted population by providing inmates with a resource other than staff to discuss personal issues with. Several inmates and staff indicated a lack of communication between both parties at GVI. This lack of communication stems from a variety of reasons revealed in both staff and inmate interviews. First, some inmates have a lack of trust for staff. They fear that anything they reveal to staff may be documented in some way (e.g. put in their file that could

later be detrimental to them). Some inmates also feel they cannot relate to staff members who have not had similar experiences to the inmates. Some inmates indicated they did not feel staff had a right to be aware of the inmates' personal issues. Finally, some inmates reported feeling that they would be judged by staff if they revealed personal information to them. They did not feel that they would be judged in this way by fellow inmates. The PST presents inmates with an alternative to staff they can talk to about personal issues. This benefits staff as well as inmates.

Results of interviews indicated a variety of benefits for staff, based on the premise that PST provides inmates with someone other than staff to discuss personal issues with. First, staff members feel that the PST is "a good option for them to have in their tool-belt". PST members can help staff deal with an inmate who is in crisis and does not wish to communicate with staff. One staff member indicated, "PST provides another layer of information and action (at GVI)."

Second, staff members indicated that the PST helps bridge the communication gap between staff and inmates. Team members can act as 'go-betweens' between the staff and inmates. One staff member indicated that the PST members can provide staff with information (and vice-versa) without breaking confidentiality. For example, an inmate may tell a staff member (or vice-versa), "I've got a gut feeling you should watch out for Jane."

According to interview data, PST members also lessen the workload of staff members. For example, PST members can help inmates deal with minor daily problems that the psychologist would otherwise have to deal with. PST members can also provide inmates with someone to talk to when particular staff (e.g. psychologist) are off duty. The PST at GVI operates 24 hours a day. Finally, the PST can be preventative in mitigating crises before they escalate.

Both inmates and staff indicated that PST sessions proved beneficial for recipients in a variety of ways. These included boosting their spirits, allowing them to vent and providing them with advice and encouragement. The PST provides inmates with someone at their 'level' that will listen to them. It is interesting that some non-recipients of PST claimed it was a beneficial service for other inmates at the

institution. These inmates reported that they did not feel the need to talk to PST members or that they had other support networks like friends and family. They acknowledged that not all the inmates had support networks and some of them needed someone to express their feelings to. The PST is a form of support for these women.

PST graduates indicated that they had benefited personally from PST training and from being part of the PST team. Staff interview data reaffirmed this.

2. Are there adequate resources and support for establishing the PST program?

2.1 Does the Coordinator have sufficient time, acknowledgment and support for activities regarding the program?

The PST Coordinator was new to the institution at the time she was interviewed. She was also the only psychologist at GVI at that time. She claimed this kept her very busy. The coordinator started working at GVI when the first (and only) PST training was nearing completion. She was involved in facilitating one session of the PST training and helping with the graduation. She claimed she was too busy to begin a second round of training for the PST. The PST Coordinator indicated that she is involved with facilitating the operation of the current PST team and meeting with the team twice a month.

Although the Coordinator claimed that she facilitated meetings two times a month, the team members indicated that they rarely met as a team with the coordinator. Many gave the impression that they preferred to run the program autonomously, without the Coordinator's involvement. One team member claimed, "The PST members are in charge of the program in every aspect. The Coordinator takes an interest in it but they have free reign. Psychology just let's us go at it."

The team members rated whether they were satisfied with the availability of the Coordinator to have consultations with them when needed on a scale of 1 (not at all satisfied) to 10 (very satisfied). The team members were satisfied with the Coordinator's availability and gave ratings of 9 or 110. Although the team members seem satisfied with their relationship with the Coordinator, they claimed that the

relationship was 'rocky' when the program started. Specifically, some noted that tension arose between themselves and the Coordinator when they did not want to meet once a week as the Coordinator requested. The team members felt that meeting once a week was too frequent, and indicated that they are happy with the current arrangement by which they meet formally without the Coordinator approximately once a month.

It is interesting to note that, at the time of data collection, 4 of the 5 team members lived in the same housing unit. Perhaps they did not feel the need to meet often as a group because they met informally in their own house.

There is no Standing Order (SO) for peer support at GVI. The SO represents formal management support for the program. Therefore, a SO would increase the perception that staff at GVI view the PST program as important and valuable. A SO may also help formalize aspects of the program like allocation of resources. Both staff and inmates indicated that they needed more resources for the PST program. This includes the need for additional staff involvement, monetary funding, and team members.

Both staff and inmates communicated that the PST program could benefit from support of additional staff members. As mentioned earlier the only psychologist at GVI at the time the evaluation took place, also acted as Coordinator of the PST program. Both staff and inmates agreed that she did not have sufficient time to perform all her duties including coordinating the PST. The coordinator also indicated that because of understaffing at GVI, an inmate's request for PST counseling may have to wait or may not be honoured. For example, if there were four workers on the night shift (which is often the case) and there was some sort of crisis at the institution, an inmate's request for counseling may have to wait or may not be honoured until the crisis was dealt with.

Staff also indicated a need for additional funding for the PST program. There is no specific budget for the peer support program at GVI. The training was conducted by the psychologist and was paid for by her regular salary. According to some staff members, there needs to be additional staff hired to help facilitate the training so that

the entire burden does not fall on the psychologist. It was also mentioned that some kind of follow up with the team members like a refresher course would be beneficial. However, because of lack of available staff, this was not possible.

'Extras' for the PST program (as one staff member referred to them), like the graduation, are funded by money that is taken from somewhere else in the budget. In addition to this, team members conduct fundraisers to help fund PST events.

A need for additional members on the PST team was also indicated. As mentioned earlier, the PST coordinator indicated that she did not have the time to facilitate training a second PST team. Therefore, the need for additional team members to provide peer support will probably not be met in the near future.

2.2 Is the training of the Team members sufficient?

PST training is comprised of 17 three-hour sessions. Each session covers a chapter in the volunteer manual (CSC, 1996b). The PST training at EIFW was facilitated with the help of session speakers, volunteers recruited from the community (Blanchette & Eljdupovic-Guzina, 1998). Unlike the situation at EIFW, the training at GVI was facilitated by the coordinator alone, without the help of volunteers. One team member did however, mention that volunteers from the community (Sexual Assault Support Centre, AIDS awareness, Elizabeth Fry Society, etc.) facilitated the PST's meetings. Including volunteer facilitators in the training may help reduce the workload of the Coordinator.

Training followed the outline in the PST manual (CSC, 1996b). Team members mentioned that they especially enjoyed a component of the training they called 'chatting', group discussions during the training sessions.

Team members made a few remarks regarding potential improvement to the training. Such remarks included the opinion that more focus of the training should be placed on specific topics like self-injurious behaviour and substance abuse. One team member suggested that the training was too thorough and lengthy whereas two other team members thought the training should have been more intensive and detailed.

PST members were asked to rate how helpful they found the PST training on a scale of 1 (not helpful at all) to 10 (very helpful). One team member gave a rating of 8.5 while two team members gave a rating of , and one gave a rating of 6. She claimed that the topics were not covered as extensively as they should have been in comparison to the facilitation of the PST program at P4W. She felt the PST program was not being given the same importance at GVI as it was at P4W.

Staff at GVI supported training for the PST program. The team members were asked to indicate whether their attendance at the training sessions was supported by staff on a scale of 1(not at all) to 10 (entirely). All team members gave ratings of 9 or 10.

As mentioned earlier, the PST training was based on the volunteer manual (CSC, 1996b). Team members indicated they liked the manual and found it useful. They maintained that although the manual was helpful, they found the training sessions more helpful than the manual. One of the team members asked interviewers whether she could share the information in the manual with other inmates. She claimed that the team members were under the misconception that the manual was 'secret'. The team members explained that they thought the material contained in the manual could be helpful to the general population of inmates.

Following the completion of the PST course, there was a graduation for the team members. The team members were each permitted to invite one guest to the graduation. Several staff (who were invited by the team members) attended the graduation along with the warden, deputy warden, division heads, and honorary members (warden and staff from P4W). Approximately 40 persons attended the graduation which was held in the open visiting area at GVI. The psychologist, health care clerk and inmates prepared the food that was served. A PST logo was designed by an inmate and placed on jackets and hats that were presented to the team members along with a certificate. The team members chose to receive jackets and hats as they felt they would get good use out of them. All team members seemed pleased with the graduation ceremony.

Results of staff interviews revealed a few other issues that relate to the PST training. First, it was mentioned that some team members who go through training leave the

institution soon after the training is complete. This creates the problem of not having a sufficient sized team. It was also mentioned that current team members could assist in training new team members. This would present them with an opportunity to refresh what they had learned as well as enhance their self-esteem and confidence. This would also help take some of the workload from the Coordinator.

In summary, the PST training at GVI was perceived as satisfactory by the team members and the Coordinator. The training would however, probably benefit from the inclusion of volunteer facilitators from different domains within the community. The volunteer facilitators were well received by the team members during training. The graduation was viewed as a successful event. The team members benefited from the PST training and valued the information they received during training and in the training manual. It is important to note that the team members felt the information they received during training could be beneficial to other inmates at GVI. Perhaps, the PST training could be offered as a program for all inmates rather than solely for training and selection of team members. Results of the pilot study at EIFW suggested the PST training be offered as a program for the general offender population (Blanchette & Eljdupovic-Guzina,1998). Blanchette & Eljdupovic-Guzina (1998) recommended inmates be encouraged to participate in training for its intrinsic value rather than for PST membership. Presently, there is a fairly stringent screening criteria that inmates must meet in order to be accepted for PST training (see Appendix F). This criteria judges an inmate's suitability to be a PST member and may therefore, prevent many inmates who are not suitable to be PST candidates, from benefiting from the program.

2.3 Is Team members' participation in establishing the program acknowledged and balanced with other duties?

None of the PST members claimed that it was difficult to balance counseling with their other duties. This is due in part to the strong support team members receive from staff at GVI. When asked to rate whether they were satisfied with the assistance they receive for fitting counseling in with other duties from 1 (not at all satisfied) to 10 (very satisfied), all team members gave ratings of 9 or 10. This suggests very strong

support for PST counseling at GVI. The staff was described by one of the team members as "helpful and co-operative". The team member claimed, "The PST members are helpful to staff and the staff use the program and the PST members."

The time team members take out of their workday for PST counseling is considered part of regular work hours and pay is not affected. In addition to this, if a peer support team member provides PST counseling at night and is feeling 'burnt out', she can ask for time off work the next day. The team members noted that taking time off for PST was partly dependent on the job they performed. For example, it would be difficult for a cashier in supplies to take time off since other inmates were depending on her.

Some offenders reported little (co-inmate) support for the PST program. The major reason for this lack of offender support was breaches of confidentiality by PST members. The issue of breaches of confidentiality surfaced throughout both staff and offender interviews. Some staff and offenders indicated that PST members had breached confidentiality of PST recipients by revealing information about the PST session to the inmate population. According to the staff this happened infrequently but according to some offenders, this happened on a regular basis. Other staff and offenders were not sure if PST members breached recipients' confidentiality but they suspected this may be the case. One offender complained, "The PST members just walk around talking about the stuff that they learn." Accordingly, some offenders indicated that they would not use the PST service because they felt that what they revealed in a counseling session would not be kept confidential. One primary worker explained how she tried to remedy the situation. "In a situation where confidentiality had been broken, I tried to get the PST recipient to see that it may not be all the team who are like this. She might be able to trust someone else."

Having all but one of the team members reside in the same house suggests a possible split within the PST. It also creates a setting where offenders may be concerned that the team members will discuss what they heard in counseling sessions in their house. This problem needs to be addressed. Perhaps having one team member per house would help to mitigate the (perceived) breach of confidentiality problem.

Peer counsellors indicated that they had no problems fitting in peer support with other duties. If PST members counselled during the night they were offered time off of the next workday. They were also encouraged by the Coordinator to take breaks or refuse counseling if they felt they needed to. When asked how hard it was for them to combine counseling with their other duties and work on a 10-point scale (1=very hard; 10=very easy), all team members gave ratings of nine or ten indicating they had no difficulty fitting peer counseling into their other duties.

3. Implementation: Are activities of the program organized in a way that its goals can be achieved?

3.1 Is the prison community familiar with the program and its activities?

The majority of inmates and staff were at least somewhat familiar with the PST program at GVI. Results of inmate interviews, however, indicate that some inmates feel there should be more attempts to create awareness about the PST service among the inmate population. These inmates claimed they were not informed about the PST program upon admission. It was suggested that posting information about the PST program in health care, the gym and admitting and discharge and introducing team members to newly-admitted inmates would be beneficial in communicating the availability of the PST service to inmates. One offender suggested that PST members should make the inmate population aware of the PST program by approaching the inmates and offering their services.

The majority of staff members reported being aware of the PST program. Their knowledge of the details of the program varied by position. Staff members mentioned that front-line workers are very familiar with the program while other employees are not as familiar with the program. Some of the staff admitted that although they were aware of the existence of the PST program, they were not aware of the particulars of the program. Others indicated that they had heard about the PST program but had never received any formal notice or literature about it. Distributing literature explaining the PST program and holding information sessions regarding the PST for all existing and new staff at GVI would be beneficial.

3.2 Is peer counseling meeting the needs of its recipients?

Results of the interviews reveal that the needs of PST recipients at GVI are being met. PST recipients made several positive comments regarding their experience with peer counseling. One recipient indicated that she appreciated having someone to talk to who understood where she was coming from. She said she got encouragement and understanding, and that the PST member helped her a lot. Another PST recipient stated that, "Peer support was a positive experience. There were no negative aspects associated with peer support." Staff that commented on whether PST met recipients' needs all mentioned that they thought it did.

Only three inmates indicated that the PST was not meeting their needs. One recipient mentioned that although the team member allowed her to 'vent', the problem she had 'vented' remained unsolved. Another inmate mentioned that the team members are limited in the extent to which they can relate to other inmates because they have not had all the same experiences as other inmates. The inmate who made this comment specified that she had a particular medical condition that she had to deal with. Since none of the team members had any such condition, they could not relate to her. Finally, one inmate stated that she felt the PST members wouldn't understand her problems and couldn't do anything to help.

Results of the inmate interviews revealed a few potential obstacles that may prevent inmates from receiving PST. First, two of the inmates had difficulty communicating in the English language. This isolated them from the inmate population to some degree. It also prevented them from being able to communicate effectively with PST members. Second, a few inmates indicated that they did not approach any of the team members for peer counseling because they were not acquainted with the team members. Having the team members introduce themselves to the inmates may help resolve this issue. Perhaps the majority of PST recipients are inmates who are acquainted with them.

Four of the five PST members live in one of the nine houses at GVI. Results of the interviews indicate that housemates of the team members engage in-group discussions in their house. One of the inmates who lived in the house with the four

team members described these discussions as an opportunity to "vent" and "let it all out." She remarked that, "everyone feels better afterward." Inmates that live with team members are acquainted with them and can access them directly with greater ease than other inmates. This may provide them with more opportunity to receive peer support than other inmates.

As mentioned earlier, several staff and inmates explained that many inmates had no trust for staff. The PST members provide an opportunity to discuss issues or personal concerns in a mutually trusting context with someone at the same 'level' as them.

In summary, it seems that the PST *is* meeting the needs of many women at the facility. Peer support recipients made several positive comments regarding their experiences with peer counseling. However, it also appears that some inmates have greater access to the PST than others.

3.3 Are the coordinator, other staff involved and Team members' consultations providing sufficient support and exchange of information?

The Coordinator's manual for the PST recommends that an inmate chairperson be appointed (CSC, 1996a). According to the manual this chairperson is to be included in the PST steering committee. The inclusion of an offender chairperson should facilitate consultation and support between PST members and staff. Although there is an inmate chairperson at GVI, to date no steering committee meetings have taken place. As such, there is a lack of communication between team members and staff.

As mentioned earlier, the PST members indicated they meet approximately once a month without the Coordinator. The Coordinator had attempted to meet with the team members once a week when the program began, however team members felt meeting once a month on their own without the Coordinator was sufficient. They also, noted that the Coordinator is available at other times if they need to consult with her.

The team members were asked "Do you feel that you are in charge of the program, or rather, that you are being directed to a great extent by the coordinator and/or other staff?" Three of the four team members interviewed indicated they felt they were in charge of the PST program. The fourth team member stated that the program "was

not running at all at the present time." She indicated that, "no one is in charge and the group dynamic is very dysfunctional." She was, however, optimistic that when new training sessions were offered, new members joined and old members left, "it would all work out".

As indicated in the Coordinator's manual (CSC, 1996a), PST members are responsible for keeping records of the peer counseling they provide. This is to maintain data on the popularity and utility of the PST service. In order to ensure the confidentiality of the peer support recipients, PST members are only required to report general information such as the name of the PST member, time of counseling, general problems discussed, and recommendations offered. Unfortunately, team members do not provide records of peer counseling to the Coordinator on a regular basis. One staff member estimated that records were provided by team members approximately 25% of the time. This limits the exchange of information between PST members and the Coordinator.

Some staff members reported concern about not being informed about the potential misuse of the PST. One staff member indicated, "The PST has wider access to the institution than other inmates and there is good potential for them to breach trust. For example, the team members would be able to smuggle drugs or notes into the enhanced unit." This individual was concerned that team members would not inform staff about such misuse of the PST. Some staff members also expressed concern that team members may withhold information regarding inmates that staff need to be informed about. One interviewee explained this concern, "Sometimes staff need to know information like suicide intent. Peer support has the potential of keeping important information away from staff." Staff members expressed that this lack of exchange of information between team members and staff may be due to the distrust inmates have for staff as mentioned earlier.

Some inmates also mentioned the lack of exchange of information between staff and team members. They suggested that staff rather than inmates withhold information and act as a barrier for inmates to receive peer counseling. One team member complained that some staff do not inform inmates about the availability of the PST

service or refer inmates for peer support when they should. She also complained that some PST sessions are interrupted by staff because "they don't know what's going on." It was suggested that staff need to be informed when a PST session is taking place so that they do not interrupt.

Contrary to the indication that there is poor exchange of information between staff and inmates, some staff and inmates indicated that there is good exchange of information between both parties. One team member stated that she trusted the staff. She said that she and the staff had a good rapport and she felt trust was equal on both sides. Staff were also described as "accommodating and helpful." A staff member explained that inmates usually receive support from the PST member they request and staff are usually supportive of the PST at GVI.

4. Is the program effective?

4.1 To what extent does the program help in crisis intervention?

Many staff members interviewed at GVI indicated that the PST was helpful in crisis intervention. They indicated that peer support was also helpful in crisis prevention and post-crisis resolution. One primary worker indicated that every time there was a crisis, there tended to be more use of the program. The Coordinator indicated that there had been two suicide attempts and that the team members had been debriefed in order to help other inmates that might be having emotional difficulty with those events. It was also mentioned that inmates in segregation who were in crisis had used PST members as a resource to discuss their problems. Staff indicated that crisis issues are resolved more quickly and thoroughly as a result of the PST. It was noted that the peer counsellors could 'buffer' inmates in crisis until they could meet with the psychologist. The PST Coordinator expressed that the team probably prevented more crises than the staff was aware of. She indicated that, "PST members quickly diffuse mounting tensions among co-inmates."

Results of the staff survey indicate that the PST was rated quite positively in its ability to mitigate individual and institutional crises (mean ratings 8.8 and 8.4, respectively).

Recipients also relayed that peer support helped in crisis intervention. They claimed that the PST had helped them either practically, emotionally, or both.

Only a minority had no confidence in the PST for crisis prevention. One staff member indicated that there was a possibility that team members could "stir stuff up" for the recipient and actually increase the crisis in certain situations. Results of the staff survey indicated that two respondents felt the PST had created a crisis greater than the original one. One of these respondents specified she felt that confidential information regarding PST recipients had been revealed to the inmate population by PST members, causing the crisis to escalate.

4.2 Did the atmosphere and management of the facility improve after implementation of the PST program?

Results of the offender survey, presented earlier, suggest that only a few inmates perceived a difference in the atmosphere at GVI as a result of the implementation of the program. One inmate specified the change in atmosphere involved staff showing favouritism toward PST members over other inmates.

More than half of the staff surveyed indicated that they perceived the atmosphere at the facility had changed since the implementation of the PST program. Those that identified the changes indicated improvements to the atmosphere at GVI.

Interview data from both staff and offenders supported the survey results. Inmates did not perceive any changes in the atmosphere at GVI as a result of the implementation of the PST. Some staff members indicated positive changes, while some staff members indicated no change to the atmosphere. The positive changes included a more "uplifting" atmosphere and improvement in relationships among inmates and between inmates and staff.

4.3 Are the offenders involved in the program empowered by it?

Throughout the interviews, both staff and inmates relayed the idea that offenders involved in the PST program are empowered by it. Team members indicated that the group discussions during training helped them to grow personally and learn about women's issues. The team members also felt that they "owned" the program and

were in control of it. Results of the interviews suggest that this ownership gave team members a sense of pride. One team member expressed this when she stated, "(Peer support) is empowering. The PST members use the experience to gain confidence and self-esteem. If there's one thing I can take away from the prison, I take the peer support team."

One staff member expressed, "[The PST members] have a sense of responsibility and fulfillment that they have helped their peers. The PST creates cohesion as [the team members] have to overcome any differences they have. As a person, team members grow and understand human nature and women. The PST also impacts on the team members' own personal lives in the future. Things have happened to some PST members and they ask to get help from each other." Staff also indicated that being on the PST gave team members an important role in the institution as well as a sense of confidence and a good feeling about themselves.

Staff also indicated that the PST service was empowering for peer support recipients. The tenets of the peer support program suggest that 'recipients' *as well as* PST members may find their experience with PST empowering as they direct their own care. More specifically, recipients of PST may request support when they feel they need it. In addition to this, recipients can request which team member they would like to speak to. Finally, PST recipients have control over the terms of their support session. This includes when to begin and end the session, as well as choosing which particular issues to discuss during the course of the session.

In contrast, results of interview data suggest that the PST may be introducing a hierarchy amongst the offender population by which PST members have more power than other offenders. Some inmates indicated that PST members felt superior to others. Other inmates claimed that staff gave PST members more privileges than other offenders. Some inmates expressed this problem, while others denied any hierarchy amongst inmates resulting from the PST program.

5. Does the program create any unintended positive or negative effects?

5.1 Does training for the PST program reinforce effects of other programs that the Team members are participating in? Does it help to define their interests?

Both offenders and staff indicated that the PST reinforced the effects of other institutional programs. More specifically, the PST program reinforced the effects of other programs for team members but not for other offenders. One staff member remarked on the similarity between some components of the PST training and the substance abuse program. She stated that, "PST training carries over into other programs. PST members gain both better skills and knowledge about certain topics from taking training."

Participation in the PST program can also help to define team members' interests and long-term goals in a prosocial, constructive manner. One of the team members expressed an interest in pursuing a career working with people in need. Accordingly, she was in the process of completing her bachelor's degree in psychology. Some team members expressed that the program had helped them gain awareness of women's issues and improved their skills for dealing with others. They all agreed that these skills would be valuable upon release into the community.

5.2 Do Team members experience pressure and burnout due to peer counseling?

The team members at GVI reported no burnout or pressure associated with peer counseling. This may be due to the fact that there are precautionary measures in place to prevent burnout of PST members. Team members are encouraged to refuse counseling if they feel they cannot adequately provide it for some reason. The PST Coordinator explained, "Team members are encouraged to refuse to counsel or take breaks if they feel burnt-out or if they are busy dealing with their own issues. For bigger crises like a suicide, they are mandated to speak with the institutional psychologist or other staff." Team members also relayed that they can take time off of their work day if they provided counseling the night before.

Membership on the PST is accompanied by certain expectations. The PST members indicated that their role in the inmate population had changed since they became PST members. Team members indicated awareness that they are role models or examples for other offenders. Staff members often verbally remind team members of this. Although team members did not complain about their change in role in the inmate population after graduating from PST training, it seems logical that some pressure may come from acting as a role model for fellow offenders.

5.3 Do any negative side effects result from the PST program?

Both staff and inmates expressed a few issues that were perceived to be negative 'side effects' of the PST program. First, some staff and inmates believed that the PST created a hierarchy amongst the inmate population. This notion was reinforced by some team members exhibiting airs of superiority, and by some staff treating PST members preferentially in comparison to other offenders.

As noted in the pilot study at EIFW, the graduation ceremony for team members following the PST training may contribute to this hierarchy between PST members and the general population (Blanchette & Eljdupovic-Guzina, 1998). While the graduation ceremony is a source of pride for team members, it may cause some offenders to feel that the team members are treated differently than themselves and that the PST is more important than other programs at GVI.

A second issue that was perceived to be a negative 'side effect' of the PST program by some staff members was misuse of the program. This misuse includes PST members using a support session as an excuse to visit other offenders. There is a 'no visiting' policy at GVI whereby the offenders cannot enter houses other than their own to visit friends. Another form of misuse of the PST mentioned was that team members could be used to transport contraband. Staff members indicated that misuse of the PST was probably occurring very rarely. They also, however, indicated that it was difficult for them to monitor potential misuse of the PST. One staff member compared the situation to when an offender asks to go to the funeral of a family member they probably haven't seen in ten years: "You just have to take their word for it." Although some staff members suspected the occasional misuse of the PST

program, others indicated they did not suspect such misuse. "There are situations where the PST *could* be taken advantage of, but to my knowledge this has never happened."

One staff member indicated a final potential negative effect of the PST program. This individual indicated that some inmates may become dependent on the PST and then, when they are released from the institution, the PST won't be there for them to rely on. In this way, the respondent suggested that the PST may have a negative effect on offenders' reintegration into the community.

CONCLUSIONS

Summary of Findings

In general, both offenders and staff at GVI rate the PST program positively. The PST program also seems to be developing its own place and function. Peer support focuses on key principles in the women's mental health continuum of care, specifically: access, woman-centredness, and client participation. The process of the PST is logically linked to its outcome/goals.

The PST program generally serves the targeted population. Approximately half of the offenders surveyed had received peer counseling on at least one occasion for a variety of reasons, and generally reported satisfaction with it. Both offenders and staff recognize that the PST provides offenders with an alternative to staff to talk to. The PST has the potential to benefit both staff and offenders.

Some offenders may not benefit from PST for the following reasons. First, some indicated they did not feel the need to use peer counseling because they had other support networks. Others hesitated to request peer support because they felt their confidentiality would be breached. Still other offenders may be deterred from receiving peer counseling because of a language barrier between themselves and the PST members. It also seems that offenders who are housemates with team members may be more likely to receive peer counseling because of their proximity to the team members.

The training at GVI was rated positively by those involved. The PST training manual was also considered to be very informative. The PST would benefit from additional resources including: more monetary funds, additional staff support and more PST members. There is no Standing Order (SO) for the PST program. Having a SO would benefit the program in demonstrating formal management support, and would also help formalize aspects of the program such as allocation of resources.

There was some confusion as to how often the team members met with Coordinator. The team members indicated they did not meet with the Coordinator more than once a month while some of the staff indicated the team members and Coordinator met

more frequently than that. Although this situation may allow the team members to have ownership of the program and to feel empowered by this experience, it may also hinder a necessary exchange of information between staff and inmates.

The team members indicate that they do not have trouble fitting counseling in with their other duties. This is due in part to the strong staff support at GVI.

Those who have received peer support indicate they were satisfied and PST met their needs. Only three inmates indicated that they were not fully satisfied with their PST experiences.

Results of interviews indicated that the PST does play an effective role in crisis intervention. The PST also plays a preventive role in diffusing tension before it mounts into a crisis and provides support for offenders until the psychologist is available.

Both staff and offenders perceived very little change in the atmosphere at GVI since the implementation of the PST program. The majority of individuals who commented on the change in environment indicated positive changes.

The PST program helps members define their goals and interests and reinforces the effects of other programs. The benefits of the program for all involved is clear and conclusive. One potential unintended negative effect of the PST program is misuse of the program. This misuse includes, using a PST session to visit friends or to transport contraband. Those who suspected this misuse of the program mentioned that it was probably infrequent. Another potential negative effect of the program is the creation of a hierarchy amongst the offender population. Otherwise, evaluation results indicate no significant negative effects of the PST program.

Study Limitations

The small sample size for this evaluation precluded our ability to detect (potential) between-group differences. Furthermore, the small number of team members who responded to survey data prevented analysing their characteristics and differences between team members and other offenders. Also, it was impossible to complete a

sociogram with post data as none was obtained. Importantly, however, some important findings emerged despite the small sample size.

Second, the sample in this study may have been somewhat biased. As mentioned earlier, the researchers with the help of team members and the Coordinator recruited interview participants upon their arrival to GVI. This was necessary to deal with the low compliance rate for interviews. Difficulty obtaining interview participants is a common dilemma in research with volunteer participants. It is likely that offenders who have a positive view of the PST program would be more willing to participate in the evaluation study than offenders who have a negative view of the program. In addition, those with closer relationships to the team members or psychologist are both more likely to be approached, *and* are more likely to respond to requests for participation. Therefore, a social desirability response bias may have affected results.

Recommendations for potential program improvement

Results of the PST program at GVI support those at EIFW in clarifying that the PST program benefits three (not mutually exclusive) groups of women: peer support recipients, those who complete the training (regardless of graduation), and those who graduate to become PST members. Many positive effects for PST trainees have been identified. Accordingly, it is suggested that the opportunity for training for peer support be presented differently to offenders (Blanchette & Eljdupovic-Guzina, 1998).

The current screening criteria to select women for PST training is geared towards selecting those who would be most appropriate to provide support to their peers. Although all institutional programs require screening criteria to maximize treatment effects, amendment of the PST screening criteria would make the training more inclusive for all offenders. Results of the evaluation of the PST program at GVI suggest that several offenders could participate in (and benefit from) PST training, though they would not necessarily be ideal candidates for PST membership.

In this sense, the training could be offered as a program from which a higher proportion of women would complete the training, but only a few women would become 'official' PST members. Results of the current evaluation support the recommendation of the pilot study at EIFW for a two-tier process whereby the first phase involves the completing PST training (and graduation), and the second phase entails official membership on the PST team. Stringent screening criteria would be implemented for phase two of this process. This two-tier strategy would alleviate feelings of inferiority for those women who complete the training but *do not* become members of the PST.

Results of the PST evaluation at GVI revealed that the majority of staff and offenders were aware of the PST program. However, some offenders indicated that the availability of the PST service needs to be better communicated to offenders upon their admission. Posting notices at admission and discharge, the gym and other areas at GVI as well as introducing the team members to all new inmates would help inform offenders of the PST service.

There is a need to clarify the PST's role in the institution, a Standing Order would help formalize the PST program.

Communication between staff and team members and between the team members themselves also needs some improvement. Although, team members enjoy their autonomy in running the PST program, it is recommended that team members keep records of their counseling sessions for the coordinator. These records should include basic information about each PST session team members provide, such as the name of the PST member, date and time of session, type of problem encountered, and recommendations offered (if any). The records would only take a few minutes to complete. Currently, it is difficult for the Coordinator to monitor PST activity and for PST members to receive feedback on the counseling they are providing. Team members should be reminded to provide this information regularly, and be accountable for every PST session they provide.

There is also no process by which PST members at GVI receive feedback from staff or their peers. Improving exchange of information between team members and the staff would benefit the PST program. Therefore, it is suggested that PST members be provided with an opportunity to discuss, and receive feedback regarding their support work. Incorporating feedback forms like the ones used at EIFW (Appendix G) may also be beneficial to the program.

Communication regarding the PST at GVI could be improved by regularly scheduled performance appraisals with the PST Coordinator. This would ensure that PST members have an opportunity to discuss the issues and problems they encounter in supporting their peers, and enable the Coordinator to monitor their work. It is important to note that anonymity of the PST recipient should be maintained through all feedback sessions, with the PST member disclosing basic details of the session, without providing the recipient's name.

Feedback from the general offender population may also be beneficial to the PST program. A suggestion box for the PST would provide offenders with an opportunity to make comments regarding the PST program anonymously.

Results of the PST evaluation at GVI revealed that some inmates chose not to receive peer counseling because they were concerned that what they revealed in a PST session would not be kept confidential. Enforcing a 'zero tolerance' for breaches of confidentiality may help deal with this problem.

Five of the six team members at GVI lived in the same housing unit. This setup has a few potential negative consequences associated with it. Spreading team members throughout the housing units at GVI would be beneficial in dealing with these problems. Perhaps having an even number of team members in each house would be a good idea.

Presently, the PST programs at each of the regional women's facilities operate in isolation from one another. There is no existing channel of communication between PST Coordinators from the different regional facilities. Communication between the PST Coordinators at the different women's facilities would provide them with suggestions and exchange of information regarding the PST program. This could help the PST Coordinators at the different facilities to learn from each others experiences. All PST Coordinators could post electronic mail messages and/or meet annually in person. In this way, they could share experience and obtain ideas and/or advice from one another.

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APPENDIX A:

Rosenberg's self-esteem scale

Instructions

Please indicate your degree of agreement with each of the following statements by circling the appropriate option for each statement.

S = Strongly Agree
A = Agree
D = Disagree
SD = Strongly Disagree

1. On the whole, I am satisfied with myself.

   SA A D SD

2. At times I think I am no good at all.

   SA A D SD

3. I feel that I have a number of good qualities.

   SA A D SD

4. I am able to do things as well as most other people.

   SA A D SD

5. I feel I do not have much to be proud of.

   SA A D SD

6. I certainly feel useless at times.

   SA A D SD

7. I feel that I'm a person of worth, at least on an equal plane with others.

   SA A D SD

8. I wish I could have more respect for myself.

   SA A D SD

9. All in all, I am inclined to feel that I am a failure.

   SA A D SD

10. I take a positive attitude toward myself.

    SA A D SD

APPENDIX B:

Sociometric Test

We would like a better understanding of the relationships between women at the facility. For that reason, it would be of great help if you would provide answers to the following question. **Your responses are entirely confidential!**

Name _____ Date _____

Who do you spend your free time with?
Please indicate first and last names, if possible.

First choice: _____

Second choice: _____

Third choice: _____

APPENDIX C:

Correctional Environment Status Inventory

Facility:_____ Date(dd/mm/yy): ____ / ____ / ____

This questionnaire is being sent to you as part of the routine evaluation of this facility. It contains statements about your unit, the correctional staff at this facility and about you. Please take the time to complete the questionnaire. There is no need to write your name on the questionnaire. This will ensure that the results are confidential.

Once you have finished, place the completed questionnaire in the envelope, which is enclosed, and seal the envelope. Then give it to staff to return. Please take no longer than 5 days to return the package.

(A) Are you: (circle 1 or 2)
1 male
2 female

(B) How old are you?_____

(C) Are you an Aboriginal person? (circle 1 or 2)

1 yes
1 no

(D) How long is your current jail sentence? (circle 1 or 2)
1 2 years to 4 years
2 four years or more

(E) Have you been in jail before? (circle 1 or 2)
1 yes
2 no

On the next page, there are statements which describe the kinds of things that might go on in your facility and other statements which describe the way you may be feeling or thinking. Each statement is followed by the numbers 1 to 5. As you read each statement, circle a number from 1 to 5.

Circle **'1'** if what the statement describes <u>never</u> happens
Circle **'2'** if it happens <u>once in a while</u>
Circle **'3'** if it happens <u>often</u>
Circle **'4'** if it happens <u>most of the time</u>
Circle **'5'** if it <u>always</u> happens

Do not circle a number if you are not sure about what the statement means or if it is not applicable to your facility. Do not circle more than one number for a statement. Please note also that "correctional staff" refers to mainly to Primary Workers, though may also include Team Leaders, Mental Health personnel, and Management.

1=NEVER 2=ONCE IN A WHILE 3=OFTEN 4=MOST OF THE TIME 5=ALWAYS

1.	Correctional staff ignore me.	1	2	3	4	5
2.	Correctional staff take into consideration residents' explanations for things that happen at the facility.	1	2	3	4	5
3.	Correctional staff keep residents waiting for appointments.	1	2	3	4	5
4.	Correctional staff act on residents' suggestions.	1	2	3	4	5
5.	Correctional staff apologize to residents when they have made a mistake.	1	2	3	4	5
6.	When correctional staff disagree with each other, they work it out.	1	2	3	4	5
7.	If I am being treated unfairly by a primary worker, I get a fair hearing.	1	2	3	4	5
8.	Correctional staff change their minds about what we should be doing.	1	2	3	4	5
9.	Correctional staff help residents to resolve arguments.	1	2	3	4	5
10.	When a resident's programme is changed, a primary worker explains why.	1	2	3	4	5
11.	Correctional staff encourage me to try new ways of doing things.	1	2	3	4	5
12.	Correctional staff and residents say how they feel about each other.	1	2	3	4	5
13.	Before correctional staff give out a ticket, they try to find out what happened.	1	2	3	4	5
14.	The more mature residents at the facility help take care of the less mature ones.	1	2	3	4	5
15.	Facility meetings start on time.	1	2	3	4	5
16.	Correctional staff let me know when they think I've done something really good.	1	2	3	4	5
17.	Correctional staff pay attention to residents.	1	2	3	4	5
18.	Correctional staff get along well with each other.	1	2	3	4	5
19.	Some residents are very insulting to others at this facility.	1	2	3	4	5
20.	I speak to correctional staff respectfully.	1	2	3	4	5
21.	On this facility it is OK to speak your mind.	1	2	3	4	5
22.	It is OK for residents to disagree openly with primary workers.	1	2	3	4	5
23.	Correctional staff agree on what kinds of behaviours are acceptable.	1	2	3	4	5
24.	I feel comfortable telling correctional staff how I feel.	1	2	3	4	5
25.	I hide my real feelings from other residents.	1	2	3	4	5
26.	Residents at the facility call each other names.	1	2	3	4	5
27.	I like having correctional staff participate in our activities.	1	2	3	4	5
28.	I feel safe in confronting other residents who are doing something they shouldn't be doing.	1	2	3	4	5
29.	I try to help other residents on my facility to work out their problems.	1	2	3	4	5
30.	When residents get into trouble, it's pretty clear why.	1	2	3	4	5
31.	Correctional staff work as a team.	1	2	3	4	5
32.	This is a very well organized facility.	1	2	3	4	5
33.	If a resident doesn't want to shower regularly, the other residents on the facility deal with it.	1	2	3	4	5
34.	Correctional staff help me to deal with my anger in a better way.	1	2	3	4	5
35.	Correctional staff encourage residents to think about their goals.	1	2	3	4	5
36.	This is a clean facility.	1	2	3	4	5

The next set of questions asks you to show how much you agree with each statement. Again, circle a number from 1 to 5. Once again, "correctional staff" refers to mainly to Primary Workers, though may also include Team Leaders, Mental Health personnel, and Management.

1=COMPLETELY DISAGREE **2**=DISAGREE A BIT **3**=AGREE A BIT **4**=MOSTLY AGREE
5=COMPLETELY AGREE

37.	Residents are expected to share their personal problems with each other.	1	2	3	4	5
38.	Correctional staff here are trying to help me.	1	2	3	4	5
39.	I am trying to improve and get better.	1	2	3	4	5
40.	The other residents at this facility help me to understand myself.	1	2	3	4	5
41.	I know what my next steps will be when I am released.	1	2	3	4	5
42.	Correctional staff are interested in how I am doing.	1	2	3	4	5
43.	Getting into treatment programs is important to me.	1	2	3	4	5
44.	I respect the correctional staff.	1	2	3	4	5
45.	Correctional staff care about me.	1	2	3	4	5
46.	Residents know what jobs need to be done and when they need to get them done.	1	2	3	4	5
47.	Correctional staff help me to feel that I can stay out of jail in the future.	1	2	3	4	5
48.	Correctional staff prefer to stay in their offices rather than spend time with residents.	1	2	3	4	5
49.	Rules at this facility are clear.	1	2	3	4	5
50.	I am solving the problems that got me in here.	1	2	3	4	5
51.	I know what kinds of behaviour will get me into trouble.	1	2	3	4	5
52.	I want to change the way I am.	1	2	3	4	5
53.	Correctional staff would like to know how I'm doing once I have been released.	1	2	3	4	5
54.	I am learning better ways of solving my problems.	1	2	3	4	5
55.	Residents are encouraged to plan for the future.	1	2	3	4	5
56.	The other residents at the facility have nothing to offer me.	1	2	3	4	5
57.	I care about what happens to the other residents.	1	2	3	4	5
58.	I have a really good sense of what I should and shouldn't do around here.	1	2	3	4	5
59.	When I arrived, the other residents helped me to learn how things work around here.	1	2	3	4	5
60.	Correctional staff are more interested in their pay checks than in me.	1	2	3	4	5
61.	Correctional staff think that only residents are responsible for problems at the facility.	1	2	3	4	5
62.	My case manager is interested in how I am doing.	1	2	3	4	5
63.	I like most of the residents at this facility.	1	2	3	4	5
64.	At this facility, every resident is out for herself.	1	2	3	4	5
65.	I will have to solve my problems if I want to stay out of jail.	1	2	3	4	5
66.	Correctional staff help me to feel that I can manage my life better than I have in the past.	1	2	3	4	5

Please check your questionnaire to make sure that you have not overlooked any statements. On the reverse side of this page, feel free to make note of any important aspects of the prison environment that this questionnaire did not cover.

APPENDIX D:

Survey Formats

OFFENDER SURVEY

The Peer Support Team (PST) is a peer counseling service for all women in this facility. PST volunteers are trained in peer counseling and crisis intervention counseling. If you are feeling depressed, angry, suicidal, or upset the PST may be able to help. The counseling is entirely confidential.

In order to understand how this process is going and to find ways to make it even better, we would appreciate if you would fill out this questionnaire and tell us how you feel about Peer Support.

Your responses will be kept entirely confidential and your anonymity is guaranteed.

1. How old are you? _____
2. How long is your current sentence? _____
3. How long have you been incarcerated? _____
4. How long have you been at this facility? _____
5. Were you aware of PST Program and the possibility to receive support and counseling from your peers (PST member)?
   _____ Yes _____ No
6. If yes, how did you find out about it?
   _____ saw notices, postings
   _____ another offender told you
   _____ you were approached by the Team member who explained the program to you
   _____ other *(specify)*_____
7. Do you know who the Team members are?
   _____ Yes _____ No
8. Do you know how to submit a request for counseling?
   _____ Yes _____ No

9. How many times have you asked to see a PST member?
   _____ Never
   _____ Once
   _____ 2 -5 times
   _____ More than 5 times

10. If you have **NOT** asked to see a PST member, is it because:
   _____ You did not know about PST?
   _____ You haven't needed to?
   _____ You do not feel comfortable with anyone on the PST?
   _____ You are worried about confidentiality?
   _____ You are worried what other people might think?
   _____ You are a PST member
   _____ Other reason *(specify)*

_____
_____
_____

11. Have you ever asked to see a PST member and been told that you could not see one?
   _____ Yes _____ No

12. Is there anything that would make you feel more comfortable to ask to see a PST member? *(If yes, please specify)*

_____

13. If you **HAVE ASKED** for peer counseling, was your request *(check both if appropriate):*

_____ Formal (you approached PST member or staff and a meeting was organized)

_____ Informal (you and the PST member got together and talked during your free time without any specific arrangements being made)

14. Why did you ask for peer counseling? *(please check all that apply)*
   ___ psychologist or other professional staff was not available
   ___ argument with staff
   ___ argument with another offender
   ___ you felt like injuring yourself
   ___ depressed
   ___ you felt suicidal
   ___ you were upset/angry
   ___ you felt very lonely
   ___ other *(specify)* _____
   _____

15. How helpful was the peer counseling?
(please circle one number)

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
Not helpful at all — Somewhat helpful — Very helpful

16. Did peer counseling fulfill your expectations?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
Not at all — Somewhat — Entirely

17. If yes, in what way?

_____

_____

18. If no, why not?

_____

_____

19. How satisfied were you with promptness of the counseling being organized for you upon your request?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
Not at all — Somewhat — Entirely

20. How long did you have to wait for staff to get you in touch with PST member?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
Not long — Very long

21. How long did you have to wait for the counselor to respond to your request?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
Not long — Very long

22. Were you 'excused' from other duties in order to be able to receive peer counseling?
___ Yes ___ No

23. If Peer Support counseling **did not help**, could you please tell us why?

_____

_____

24. Have you noticed any changes in the general atmosphere on the facility, or the relationship between staff and offenders and amongst offenders due to the PST Program?

_____ No

_____ Yes What kind?

_____

_____

25. Do you believe that peer counseling (or the Peer Support Program) is ever used for other purposes (e.g., to chat, to avoid work, and so on)?

_____ No

_____ Yes

How?_____

_____

26. Do you feel that you have gained a better understanding of women's issues through the PST Program? *(If yes, please explain)*

_____ No

_____ Yes- How?_____

If you **have received** peer counseling, would you be willing to talk more about it with the researcher? If yes, please write your name and we will contact you. We would like to assure you that our conversation will be entirely confidential.

_____

_____

Yes, I am willing to talk about my experiences with peer counseling.

Name _____ **Date** _____

SURVEY FOR STAFF

This questionnaire is designed to determine the effectiveness of the Peer Support Team program at your facility. As you know, this program represents a peer counseling service for all women offenders which is provided by trained offenders. PST volunteers are trained in peer counseling and crisis intervention counseling. If an offender is feeling depressed, angry, suicidal, or upset, she may require the help of the PST member, or the PST member may provide help by being there with the woman in distress, without her formally requesting counseling.

We would appreciate if you would respond to the following questions. Your perceptions and feelings about this program are of great importance for its evaluation. The questionnaire is anonymous, and your responses will be kept entirely confidential.

We would also like to talk to you about this program, since we believe that an interview can provide better understanding of your own personal opinions about this program. If you are willing to volunteer for an interview, please indicate so at the bottom of this questionnaire.

1. How did you find out about the PST Program?

   _____ Psychologist told you

   _____ Saw postings

   _____ Other *(explain)* _____

   _____ I was not aware of it

2. Do you know who Team members are?

   _____ Yes _____ No

3. Do you know how to proceed when an offender requests peer counseling?

_____ No

_____ Yes How? _____

4. How effective do you find PST Program to be in crisis intervention:

a) With problems of individual offenders?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

Not helpful at all — Somewhat helpful — Very helpful

b) In terms of preventing or assisting in the case of institutional crisis?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

Not helpful at all — Somewhat helpful — Very helpful

5. Have you noticed any changes in the general atmosphere on the facility, relationship between staff and offenders and amongst offenders due to the PST Program?

_____ No

_____ Yes What kind? _____

6. Please indicate the level of trust you have for PST members?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10

No trust — Complete trust

Does it vary for different Team members?

_____ Yes _____ No

7. Have you noticed any changes in PST members since their involvement in the Program (how they deal with their personal issues, incarceration; their role in the offender group; their relationship and behavior towards the staff)?

_____ No

_____Yes In what way?

_____

_____

8. Do you think that PST Program reinforces the positive effects of other programs:

a) For Team members?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all a great deal

b) For all offenders?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all a great deal

9. Did peer counseling ever create a crisis or a problem that was greater than the original one? *(If yes, please explain)*

_____ No

_____ Yes Why and when? _____

_____

10. Do you feel that counseling sessions are sometimes used by women for other purposes? *(If yes, please explain)*

_____ No
_____ Yes How? _____

_____

Please answer the following questions if you feel comfortable to do so, otherwise, please feel free to skip them.

What is your position at this facility? _____

How long have you been in this position? _____

How long have you been working with women offenders? _____

Would you be willing to have an interview with us regarding this program? The duration of the interview is 20-40 min.

Yes Name_____

THANK YOU VERY MUCH FOR YOUR COOPERATION!

APPENDIX E:

Items in CESI Scales and Subscales

Scale: Staff Involvement

Subscale: Responsive Staff

Correctional staff take into consideration resident's explanations for things that happen at the facility

Correctional staff act on resident's suggestions

Correctional staff apologize to residents when they have made a mistake

If I am being treated unfairly by a correctional officer, I get a fair hearing

When a resident's program is changed, a correctional officer explains why

Before correctional staff give out a ticket, they try to find out what happened

Subscale: Caring Staff

Correctional staff are interested in how I am doing

Correctional staff care about me

Correctional staff would like to know how I'm doing once I have been released

My case manager is interested in how I am doing

Subscale: Disinterested Staff

Correctional staff keep residents waiting for appointments

Correctional staff prefer to stay in their offices rather than spend time with residents

Correctional staff ignore me

Correctional staff are more interested in their pay checks than in me

Correctional staff think that only residents are responsible for problems on the facility

Scale: Staff Treatment Focus

Subscale: Encouragement

Correctional staff pay attention to residents

Correctional staff help me to deal with my anger in a better way

Correctional staff encourage residents to think about their goals

Correctional staff are trying to help me

Correctional staff help me feel that I can stay out of trouble

Residents are encouraged to plan for the future

Correctional staff help me to feel that I can manage my life better than I have in the past

Subscale: Open Communication

Correctional staff help residents to resolve arguments

Correctional staff encourage me to try new ways of doing things

Correctional staff and residents say how they feel about each other

Correctional staff let me know when they think I've done something good

It is OK for residents to disagree openly with correctional officers

I feel comfortable telling correctional staff how I feel

Scale: Staff Cohesion

When correctional staff disagree with each other, they work it out

Correctional staff get along well with each other

I speak to correctional staff respectfully

Correctional staff agree on what kinds of behaviours are acceptable

I like having correctional staff participate in our activities

Correctional staff work as a team

I respect the correctional staff

Scale: Clarity & Organization

Rules at this facility are clear

Facility meetings start on time

When residents get into trouble, it's pretty clear why

I have a really good sense of what I should and shouldn't do around here

Correctional staff change their minds about what we should be doing

This is a clean facility

Residents know what jobs need to be done and when they need to get them done

This is a very well organized facility

Scale: Offender Treatment Orientation

Subscale: Problem Solving

I am solving the problems that got me in here

I know what kinds of behaviours will get me into trouble

I am learning better ways of solving my problems

I will have to solve my problems if I want to stay out of jail

I want to change the way I am

Subscale: Change Orientation

On this facility it is OK to speak your mind

I am trying to improve and get better

I know what my next steps will be when I am released

Getting into treatment programs is important to me

Residents are expected to share their personal problems with each other

Scale: Offender Relationships

Subscale: Mutual Caring

Correctional staff get along well with each other

The other residents on this facility help me to understand myself

The other residents on the facility have nothing to offer me

I care about what happens to the other residents

When I arrived, the other residents helped me learn how things work around here

I like most of the residents on this facility

At this facility, every resident is out for herself

Subscale: Peer Support

The more mature residents on the facility help take care of the less mature ones

I feel safe in confronting other residents who are doing something they shouldn't be doing

I try to help other residents on my facility to work out their problems

If a resident doesn't want to shower regularly, the other residents on the facility deal with it

Subscale: Hostility

Some residents are very insulting to others on the facility

I hide my real feelings from other residents

Residents at this facility call each other names

APPENDIX F:

Guidelines for Semi-Structured Interviews

GUIDE FOR INTERVIEW WITH THE PROGRAM COORDINATOR

Description of the PST Program modality

Please describe the Peer Support Team Program and/or related activities at your facility?

If different from the one described in the Manual for PST Program:

Please describe the rationale for establishing the program/activities in this particular way?

What are the goals and aims of the peer support notion and related activities at your facility?

Establishing the PST Program

i) Support

Do you feel that the PST Program is considered important by the following staff at the facility?

Mental health professionals
1.....2.....3.....4.....5.....6.....7.....8.....9.....10
Not important at all — Somewhat important — Very important

Primary workers
1.....2.....3.....4.....5.....6.....7.....8.....9.....10
Not important at all — Somewhat important — Very important

Warden
1.....2.....3.....4.....5.....6.....7.....8.....9.....10
Not important at all — Somewhat important — Very important

Have you noticed any resistance to the PST Program, either by inmates or staff?

Are the amount of time and energy you put into PST Program acknowledged as part of your regular job?

How is the funding of the program organized?

What would you find helpful for running the program, is there anything that you would need more of, or less of?

ii) Features of the Program

How long can an individual be a PST member for?

How many PST members are in a course at a time?

Last time?

How many of those graduated?

How is it decided who graduates? (Who decides?)

Is there an initial screening of potential PST members before the interview?

If so, what screening criteria are used?

Who does the screening?

Is there a standing order for the PST?

iii) Training

How helpful do you find the training?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10		
Not helpful at all	Somewhat helpful	Very helpful

Do you feel that you covered enough topics during the training?

Was the time devoted to them sufficient?

How useful do you find the Manual for the PST members?

iv) Balancing PST activities of Team members with other activities at the facility

Are members attending the training sessions supported (e.g. is peer support acknowledged as regular work)?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
Not at all Somewhat Entirely

Were other staff members expecting them to be somewhere else or to be engage in some other activity?

Was there a graduation ceremony?

Who was invited, and how did the Team members feel about it?

To what extent do you feel that the process from inmate's request for counseling to receiving it, is going smoothly?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
Not at all Somewhat Entirely

How do you perceive Primary Workers' responsiveness to inmate's requests?

How do you perceive PST members' responsiveness/promptness?

Implementation

i) Relationships

How do you feel about the idea of peers, (i.e. inmates) helping each other?

How would you assess the quality of relationship and the established trust between you and PST members?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
poor moderate very good

How would you assess the quality of relationship and the established trust between PST members and the following staff?

Primary workers 1.....2.....3.....4.....5.....6.....7.....8.....9.....10
poor moderate very good

Mental health professionals 1.....2.....3.....4.....5.....6.....7.....8.....9.....10
poor moderate very good

How would you assess the quality of relationship and the established trust amongst Team members?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
poor moderate very good

How would you assess other meetings and other staff's involvement in the Program?

Have you noticed any changes in the general atmosphere at the facility, relationship between staff and inmates and amongst inmates due to the PST Program?

Have you ever had to deal with policy violations by Team members, complaints by 'recipients' of peer counseling? If so, how did you deal with them?

Effectiveness of the Program

i) Crisis Intervention

How effective do you find PST Program to be in crisis intervention?

a) For individual inmates?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
Not helpful at all Somewhat helpful Very helpful

b) In terms of preventing or assisting institutional crises?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
Not helpful at all Somewhat helpful Very helpful

ii) Changes in Team members

Have you noticed any changes in PST members since their involvement in the Program?

How they deal with their personal issues, incarceration, etc.?

What is their role in the inmate group, their relationship and behavior towards the staff?

Unintended effects

Do you think that PST Program reinforces effects of other programs or has other long term positive effects, in the case of Team members and/or all inmates?

Do Team members have a tendency to counsel too much? Are there any mechanisms in place to safeguard against burn-out? Are there any regulations in case of breach of confidentiality?

Do you see a possibility that peer counseling can create an opposite effect and actually increase the crisis in some situations?

Do Team members tend to develop some form of 'elitism' due to their status in the group?

As a Coordinator did you encounter any challenges in balancing the facilitation of the Program and having to step in and take over the process in some situations?

GUIDE FOR THE INTERVIEW WITH PEER SUPPORT TEAM MEMBERS

Establishing the PST Program

i) Training

How helpful did you find the PST training?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
Not helpful at all — Somewhat helpful — Very helpful

Do you feel that you covered enough topics during the training?
Was the time devoted to them sufficient?

How useful do you find the Manual for the PST members?

ii) Balancing PST duties with other activities at the facility

Was your attendance of the training sessions supported?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all — somewhat — entirely

Were staff members expecting you to be somewhere else or to be engage in some other activity?

Was there a graduation ceremony? Who was invited? How did you feel about it?

How easy do you find it to fit counseling with your other duties and work?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
very hard — very easy

How satisfied are you with assistance you are getting for fitting in your counseling with other duties and work you are expected to perform?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all — very satisfied

If you counseled during the working hours were you paid for that time?

If you counseled during the night, were you able to take equivalent amount of time off work the following day?

Did you receive enough support, help, financial assistance for events that your Team is organizing or planing?

Have you noticed any resistance to the PST Program either by staff or inmates?

Implementation

i) Meeting the inmates' needs

What types of requests for counseling do you receive (formal, informal, other)?

How often do you find yourself 'informally' counseling another woman (i.e., no 'formal' request for peer support was submitted)?.

Have you ever used the PST?

If not, why not?

If you needed to, would you?

ii) Relationships

How do you feel about the idea of peers, (i.e., inmates) helping each other?

How satisfied are you with the availability of the Coordinator to have consultations with you when you need them?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all very satisfied

How would you describe Coordinator's relationship with you?

How satisfied are you with support and relationships with other Team members and what you are getting from the Team meetings?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all very satisfied

How would you assess the quality of relationship and the established trust between you and other PST members?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
poor moderate very good

How would you assess the quality of relationship and the established trust between PST members and the following staff?

Primary workers 1.....2.....3.....4.....5.....6.....7.....8.....9.....10
poor moderate very good

Mental health professionals 1.....2.....3.....4.....5.....6.....7.....8.....9.....10
poor moderate very good

How do you feel about other meetings regarding the PST Program (e.g., Steering Committee)?

Effectiveness of the Program and Unintended effects

Did you change in any way as a result of being a PST member (for example, how you deal with your personal issues, incarceration)?

Did your role in the inmate group change?

Did your relationship and behavior towards institutional staff change?

Do you feel that you are in charge of the Program, or rather, that you are being directed to a great extent by the Coordinator and/or other staff?

GUIDE FOR INTERVIEWS WITH STAFF

1) Please tell us what is your perception of the Peer Support Team program?

2) How do you feel about peers (i.e., inmates) supporting each other?

2) Do you see any benefits or hindrances of having this program at your facility for Team members, recipients and staff?

4) How do you perceive its effect on the relationship among inmates; inmates and staff?

5) Does it affect the atmosphere at the facility in any way?

6) Do you believe that the Peer Support program is ever used inappropriately (i.e., for alternate purposes, such as socializing, to evade work or other programs, etc.)?

7) Can you suggest any improvements to the PST program?

GUIDE FOR INTERVIEWS WITH RECIPIENTS

1) Would you please tell me about your experience with Peer counseling was like?

2) If you feel comfortable doing so, can you explain why you requested peer support? What did the PST member suggest?

3) Did you find it helpful and if yes, why and in what way?

4) Is there anything you particularly liked or disliked about counseling?

5) Are there any changes in this process that you would recommend?

6) How do you feel about the very notion of peers, (i.e., inmates) supporting each other?

GUIDE FOR INTERVIEW WITH THOSE WHO DO NOT KNOW ABOUT PEER SUPPORT

If interviewee DOESN'T know about PST:

The Peer Support Team (PST) is a peer counseling service for all women in this facility. PST volunteers are trained in peer counseling and crisis intervention counseling. If you are feeling depressed, angry, lonely, or upset the PST may be able to help. The counseling is entirely confidential.

1) Do you think this program is a good idea?
   Why or why not?

2) Would you like to be a member?
   Why or why not?

3) Do you think you would ever use peer support?
   Why or why not?

4) What do you think would be a good way to inform everyone about peer support?

GUIDE FOR INTERVIEW WITH THOSE WHO HAVE NEVER RECEIVED PEER COUNSELLING

1) Why have you never used peer counseling?

2) Would you ever use peer counseling in the future? Why or why not?

3) What are some benefits of peer counseling?

4) What are some disadvantages of peer counseling?

GUIDE FOR INTERVIEW WITH THOSE WHO WANTED TO BE PST MEMBERS BUT WERE **NOT ACCEPTED** FOR PST TRAINING & THOSE WHO **DID NOT GRADUATE** FROM PST TRAINING

1) Why did you want to be a PST member?

2) How did you feel about not getting accepted as a PST member (or not graduating from PST training)?
   OR Why do you think you were not accepted to be a PST member?
   OR What were you told was the reason you were not accepted as a PST member?

3) How do you feel about others who are or are becoming PST members?

4) Have you used PST in the past?

   Why or why not?

5) Would you use PST in the future?

   Why or why not?

INTERVIEW WITH THOSE IN PST TRAINING

1) How did you find out about becoming a PST member?

2) What made you interested in becoming a PST member?

3) Did you ever receive PST counseling?

4) What made you feel volunteering for PST was right for you?
Or /And – What made feel you were right for volunteering for PST?

5) What do you think your role as a PST member will be?

6) What do you predict are/will be some of the *benefits* associated with your involvement in PST?

7) What do you predict are/will be some of the *problems* associated with your involvement in PST?

8) How far are you in your training?

Lesson # _

9) What do you hope to accomplish/learn from training?

10) How would you rate the training up until now?

Poor 1 2 3 4 5 6 7 8 9 10 Exceptional

Comments:

APPENDIX G:

Self-rating/ Feedback Form for PST Sessions at EIFW

Name Date
Session Topic Presenter Name

During this session, how would you rate yourself on the following subjects? Do you feel your efforts for each topic were Satisfactory or Unsatisfactory? Please circle the appropriate answer and explain why you have graded yourself this way.

Listening:
i.e. understood material, would be able to discuss the session after it is over.

Satisfactory Unsatisfactory

Participation:
i.e. opening & closing rounds, commented or asked questions, participated in facilitator's activities (if there were any).

Satisfactory Unsatisfactory

Appropriate Comments:
i.e. on-topic, helpful for others as well as yourself.

Satisfactory Unsatisfactory

Appropriate Behaviour:
i.e. not reading magazines or talking to others when presenter/group members are talking, not interrupting others, focused on presenter material and discussion, how you interacted with others.

Satisfactory Unsatisfactory

In terms of Effort, Productivity, and Attitude do you feel you were at High, Moderate, or Low levels on a scale from 1-5?
Please circle the number that best represents where you were at today.

Effort:
i.e. on time, present for entire session (not in and out).

1 2 3 4 5
Low Moderate High

Productivity:
i.e. have read, and worked through, the chapter; commented and asked questions during the session

1 2 3 4 5
Low Moderate High

Attitude:
i.e. not self-focused, comments aren't foul-mouthed, aggressive, or monopolizing time.

1 2 3 4 5
Low Moderate High

Comments on the session/facilitator today: _____
_____
_____
_____
_____
_____